FIVE-MINUTE REFRESHER

Glycaemic management of type 2 diabetes

Consultant Dr Tahseen Chowdhury presents an overview of treatment options for diabetes

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DRUG DETAILS

Detemir/Glargine
- Consider if patient needs assistance to give insulin
- Or has hypoglycaemia on human insulin
- Or needs twice-daily NPH

DPP-4 inhibitor – sitagliptin 25-100mg per day, linagliptin 5mg per day
- Weight neutral
- Linagliptin useful in renal disease
- Use for six months and stop if ineffective

GLP-1 – exenatide 5-10μg bd, liraglutide 0.6-1.2mg od, lixisenatide 10-20μg od, exenatide LAR 2mg weekly, dulaglutide 0.75-1.5mg weekly
- Suitable if BMI <35 (33 in Asians) and there are obesity-related comorbidities, or occupational concerns with insulin
- Nausea, diarrhoea common
- Continue for more than six months if 11mmol/mol reduction in HbA1c and 3% weight loss
- GLP-1 plus insulin only to be used with specialist care and advice from a consultant-led MDT

Insulin
- On starting offer structured programme
- Start with NPH insulin once or twice daily
- Biphasic or NPH + short acting if HbA1c >75mmol/mol
- Biphasic with short-acting insulin analogue if patient prefers injecting immediately before meal, or if hypos problematic or blood glucose rises after meals

Metformin 500-2,500mg per day
- Can be used in pre-diabetes, gestational diabetes, type 1 diabetes
- Stop if eGFR <30, reduce if <45
- Start slow, titrate, after meals
- Modified release if sustained release not tolerated

Pioglitazone 15-45mg per day
- Avoid with heart failure, bladder cancer
- Bone fracture reported
- Weight gain
- Oedema

SGLT2 inhibitor – canagliflozin 100-300mg, dapagliflozin 5-10mg per day, empagliflozin 10mg per day
- Consider dual or triple therapy or with insulin
- Can aid weight loss
- UTI and thrush common
- Contraindicated in eGFR <45
- Avoid with diuretics
- Use for six months and stop if ineffective
- Consider DKA if patient becomes acutely unwell

Sulfonylurea – gliclazide 40-320mg daily
- Effective, but care in elderly, especially with hypoglycaemia
- Can cause weight gain

***Consider relaxing the target HbA1c on a case-by-case basis in:**
- People who are older or frail
- People with significant comorbidities such as cardiovascular disease or renal impairment

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